IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kuzmenka	Docket No.:	2004 P 50134 US
Serial No.:	10/815,224	Art Unit:	2831
Filed:	March 31, 2004	Examiner:	Carmelo Oliva
Title:	Circuit Board for Connecting an Integrated Circuit to a Support and IC BGA Package Using Same		

Mail Stop: Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

The following amendments and remarks are presented in response to the Examiner's

Office Action mailed December 16, 2004. Please amend the above-referenced application as

follows.

10815,224

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10815224

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	770

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	18	Minus	** 20	= —	X$9=		OR	X$18=	
Independent	1	Minus	*** 3	= 1	X43=		OR	X86=	200.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+145=		OR	+290=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total		Minus	**	=	X$9=	—	OR	X$18=	
Independent		Minus	***	=	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+145=		OR	+290=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total		Minus	**	=	X$ 9=		OR	X$18=	
Independent		Minus	***	=	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+145=		OR	+290=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1